

# EDUCATE YOUR PATIENTS ON THE MEDICARE Rx COVERAGE GAP (i.e., THE “DONUT HOLE”)

## INFORMED PATIENTS CAN:

- Plan accordingly for changing co-pays
- Avoid surprises and potential treatment gaps
- Reduce office callbacks



### INFORMATION FOR YOU:

Basic information regarding the Medicare Coverage Gap



### INFORMATION FOR YOUR PATIENTS:

An easy-to-share accompanying patient resource for your office

Brought to you by Novartis Pharmaceuticals Corporation, the makers of ENTRESTO®.

Please [click here](#) to see full Prescribing Information, including **Boxed WARNING**.

Valid as of February 7, 2018.

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**Did you know?** By 2020, the donut hole will be closed due to manufacturer discounts and increased Medicare contributions<sup>1</sup>



## WHAT YOU NEED TO KNOW

### WHAT IS IT?

- The donut hole is a temporary limit on what Medicare prescription drug plans will cover for any medication once the patient and the patient's insurance plan have spent a total of \$3,750 on covered drugs in 2018<sup>2,a</sup>
  - A patient will typically enter the donut hole after spending approximately \$1,241 on their deductible and co-pays<sup>a,b</sup>
- This coverage gap is in place only until the combination of patient co-pays and 50% manufacturer discounts reaches \$5,000<sup>1,2,a</sup>
  - A patient will typically exit the donut hole after spending approximately \$2,789 on their year-to-date deductible and 2018 co-pays<sup>a,b</sup>
- Remember, not all patients will enter the donut hole
  - Patients receiving “Extra Help” (Low-Income Subsidy) from Medicare and those who do not meet the total drug cost threshold are exempt<sup>2</sup>

### WHAT CAN PATIENTS EXPECT?

- In the 2018 donut hole, patients are responsible for paying 35% of brand name drug costs and 44% of generic drug costs<sup>1,3</sup>
- When exiting the donut hole, patients enter the catastrophic coverage phase with greatly reduced co-pays<sup>2</sup>
  - A patient will only pay \$8.35 for branded drugs, or 5% of the product's retail cost (whichever is greater)<sup>3</sup>
- If patients are still in the donut hole at the end of the year, all costs reset in January 2019 and the patient is out of the donut hole

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<sup>a</sup> Based on individuals/couples at 150% federal poverty level or above, or with countable resources greater than \$14,100/\$28,150 for both.

<sup>b</sup> Estimates based on a \$405 deductible and 25% coinsurance payments in the initial coverage stage for all branded drugs, as well as 35% coinsurance payments in the coverage gap stage with a 50% manufacturer discount being applied for all branded drugs.

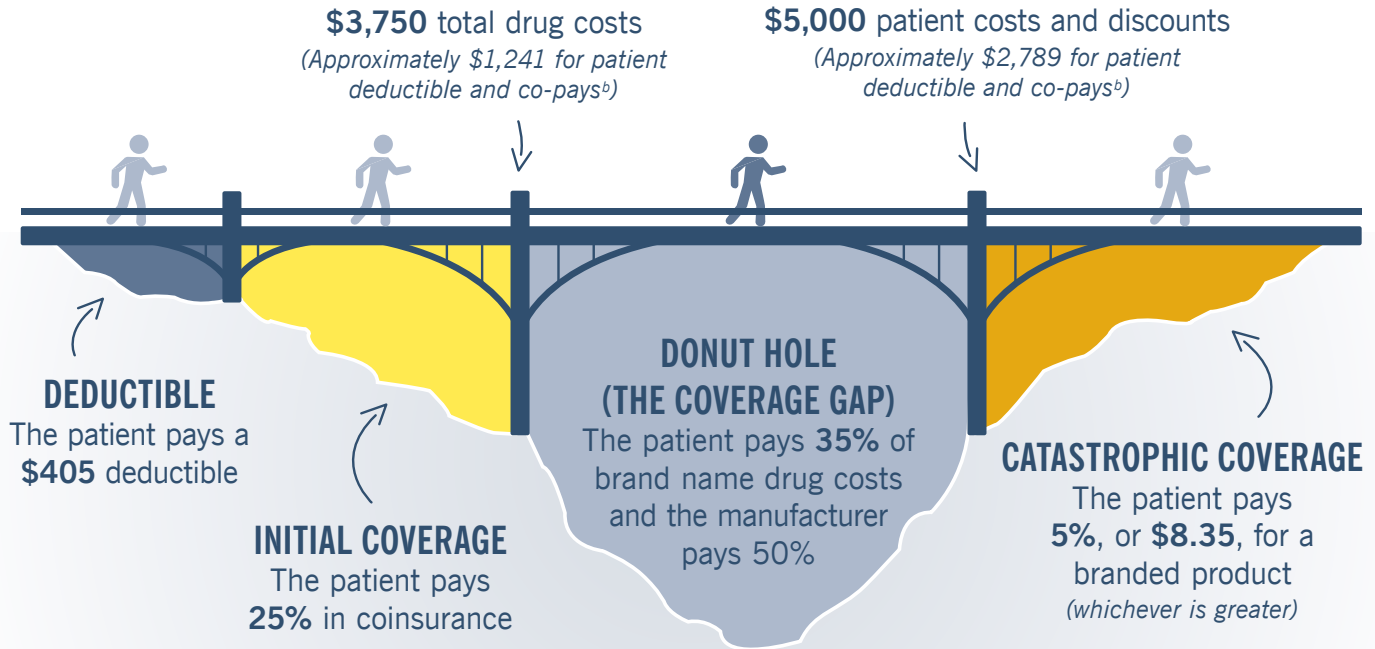
**References:** 1. Closing the Coverage Gap—Medicare Prescription Drugs Are Becoming More Affordable. Medicare.gov. <https://www.medicare.gov/Pubs/pdf/11493.pdf>. Accessed February 7, 2018. 2. HI 03001.005 Medicare Part D Extra Help (Low-Income Subsidy or LIS). Social Security Administration. <https://secure.ssa.gov/poms.nsf/lnx/0603001005>. Accessed February 7, 2018. 3. HIIICAP Notebook, Module 6: Medicare Prescription Drug Coverage (Medicare Part D). New York State Office for the Aging. <https://aging.ny.gov/HealthBenefits/Notebook/Modules/Mod6.pdf>. Accessed February 7, 2018.

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## INFORM YOUR OFFICE

Throughout the calendar year and after their deductible is met, patients may pass through some or all of the coverage phases pictured below<sup>1,2,a</sup>



## INFORM YOUR PATIENTS



Provide your patients with the accompanying donut hole patient resource to give them the basics, and guide them through simple steps to help them understand and adapt to coverage changes

**Remember:** Your Dual-Eligible or Low-Income Subsidy (LIS) patients receiving “Extra Help” from Medicare are exempt from the donut hole!<sup>1</sup> The accompanying patient resource also outlines how to qualify and apply for “Extra Help” LIS benefits for patients who may be candidates for this subsidy.

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<sup>b</sup> Estimates based on a \$405 deductible and 25% coinsurance payments in the initial coverage stage for all branded drugs, as well as 35% coinsurance payments in the coverage gap stage with a 50% manufacturer discount being applied for all branded drugs.

**References:** 1. HI 03001.005 Medicare Part D Extra Help (Low-Income Subsidy or LIS). Social Security Administration. <https://secure.ssa.gov/poms.nsf/lnx/0603001005>. Accessed February 7, 2018. 2. HHCAP Notebook, Module 6: Medicare Prescription Drug Coverage (Medicare Part D). New York State Office for the Aging. <https://aging.ny.gov/HealthBenefits/Notebook/Modules/Mod6.pdf>. Accessed February 7, 2018.

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# RESOURCES AVAILABLE FOR PATIENTS

- **ENTRESTO® Central** provides additional assistance and information

Entresto®  
**central**

Call **1-888-368-7378** or visit  
[www.entresto.com/info/entresto-central.jsp](http://www.entresto.com/info/entresto-central.jsp) for  
live support and help regarding out-of-pocket  
costs and eligibility for financial support

- **State Assistance Programs**

- The **State Health Insurance Assistance Program (SHIP)** provides free, in-depth, one-on-one benefits counseling and assistance to Medicare beneficiaries, their families, friends, and caregivers. To locate the SHIP in your state, please visit: [www.shiptacenter.org](http://www.shiptacenter.org)

- Certain states also have **State Pharmaceutical Assistance Programs (SPAPs)** that may supplement Medicare drug costs for qualifying individuals. To see available programs and eligibility requirements in your state, please visit:

[www.medicare.gov/pharmaceutical-assistance-program/state-programs.aspx](http://www.medicare.gov/pharmaceutical-assistance-program/state-programs.aspx)

- **“Medicare & You”** is an online patient resource, updated annually, available at: [www.medicare.gov/medicare-and-you/medicare-and-you.html](http://www.medicare.gov/medicare-and-you/medicare-and-you.html)
- **Medicare Part D plans** send out an Explanation of Benefits (EOB) to patients each month, which includes a summary of their prescription drug claims and costs, including **year-to-date total drug and out-of-pocket costs**

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